



**Synergy Business Solutions**  
 2999 NE 191st Street  
 Suite PH 8  
 Miami, FL 33180

**Merchant Pre-Qualification Form**

<b>Business Legal Name:</b>		<b>Business DBA Name:</b>				
<b>Type of Business Entity (Check One)</b>	<b>Corporation</b>	<b>Limited Liability Company</b>	<b>Partnership</b>	<b>Limited Partnership</b>	<b>Limited Liability Partnership</b>	<b>Sole Proprietor</b>
<b>Does the Merchant have any other business with open contracts for working capital? (Check one)</b>		<b>YES</b>	<b>NO</b>	<b>State of Incorporation:</b>		<b>Use of Proceeds:</b>
<b>Physical Street Address:</b>				<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Billing Street Address: (if different than above)</b>				<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Physical Location Phone #:</b>		<b>Business Location Phone #:</b>			<b>Cell Phone #</b>	
<b>Industry Type: (SIC Code or Description)</b>		<b>Rented</b>	<b>Mortgaged</b>	<b>Amount:\$</b>		<b>Business Federal Tax ID #</b>
<b>Gross Annual Sales (Previous years tax return):</b>		<b>Business start date under current Ownership</b>			<b>Avg. Monthly Credit Card Volume</b>	
<b>Owner/Officer</b>		<b>Primary Contact:</b>			<b>Job Title:</b>	
<b>Last Name:</b>	<b>First Name:</b>	<b>SSN#</b>	<b>Date of Birth</b>		<b>Home Phone:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>		<b>Zip Code:</b>	

**Authorizations**

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that all information and documents provided to Synergy Business Solutions, LLC ("SBS") are true, accurate and complete and that all such information may be relied upon by SBS and the Recipients (defined below). You hereby authorize SBS and each of its representatives, successors, assigns, designees and third-party funding partners, which includes lenders and other finance providers with whom SBS has, or may in the future enter into, commercial-brokerage-financing relationships ("Recipients"): (1) to obtain consumer or personal, business and investigative reports and other information about you, including hard and/or soft credit pulls, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax; (2) to obtain credit card processor statements and bank statements from banks, creditors and other third parties; (3) to obtain the release, by any creditor or financial institution, of any information relating to you, to any Recipients; (4) to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all Recipients for the foregoing purposes; and (5) to contact you via e-mail, call and/or text-message at the e-mail address and/or phone number provided above, or at any e-mail address and/or phone number reasonably identified as belonging to you, including wireless numbers (if applicable), even if listed on a Do-Not-Call registry, using an automated telephone dialing system or other similar system with respect to this application, future-related commercial-financing opportunities and/or other lawful telemarketing purposes. (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Applicant further certifies that should any of the foregoing information change, to the extent within your knowledge, that you will promptly notify SBS of such changes.

**Owners/Officer's Name (Print)** \_\_\_\_\_

**Owners/Officer's Name (Sign)** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_